

FILING VERIFICATION

TO: DOR Office of the Commissioner
501 High Street, 11th floor, Station #1
Frankfort, KY 40601

FROM: Supervisor: _____
Section/Branch/Division: _____
Station No: _____

DATE: _____

SUBJECT: Applicant's Name: _____
Social Security No: _____ - _____ - _____

Pursuant to Department of Revenue policy 6.3.1, _____
(Section/Branch/Division) has researched the previous four (4) years of individual income tax
filing history of the above referenced individual being considered for permanent or seasonal
employment. The following tax years have been verified:

Tax Filing Year	Verified as Filed